## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90062 008 \*\*\*\*61.25

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1. Entity Name CHEMONIE CROSSING HOMEOWNERS ASSOCIATION, INC.



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1330 THOMASVILLE RD. 133		Mailing Address 1330 THOMASVILLE RD. TALLAHASSEE, FL 32303		4005	3469					
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ce of Business - No P.O. Box #	3. Mailing Address				IN LININ MUNITUMENTUMEN	IN ROLL WEIGH TO				
etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			03072007 Chg-NP CR2E037 (12/06)					
	City & State	City & State			35			oplied For ot Applicable		
Country	Zip	Zip Country		5. Certificate of	Status Desired					
6. Name and Address of Current R	egistered Agent	-		7. Name and Ad	Idress of New R	Registered /	Agent			
I THOMAS R		Name								
ASVILLE RD.		Street A	Address (f	P.O. Box Number is	Not Acceptable	e)				
JEE, FL 32303										
		City			. •	FL	Zip Cod	e		
amed entity submits this statement for t	the purpose of changing its re	egistered office o	r register	ed agent, or both, i	in the State of Flo			and accept		
ns of registered agent.								·		
gnature, typed or printed name of registered agent an	d trile if applicable. (NOTE: F	Registered Agent signa	ture required	when reinstating)		DATE				
iling Fee is \$61.25 ue by May 1, 2007	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	The second second	Description of the Control of the Con-	c payable t tment of S			
Oue by May 1, 2007 OFFICERS AND DIRE	Trust Fund Co	ntribution.			Floi	rida Depar	tment of S	tate		
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	Country  6. Name and Address of Current R  THOMAS R  ASVILLE RD.  EE, FL 32303  med entity submits this statement for the statement of registered agent.	TILLE RD. FL 32303  1330 THOMASVILLE RD. TALLAHASSEE, FL 3230  e of Business - No P.O. Box #  3. Mailing Address  etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  THOMAS R ASVILLE RD. EE, FL 32303  med entity submits this statement for the purpose of changing its resist of registered agent.	TILLE RD. FL 32303  TALLAHASSEE, FL 32303  e of Business - No P.O. Box # 3. Mailing Address  etc.  Suite, Apt. #, etc.  City & State  Country  6. Name and Address of Current Registered Agent  THOMAS R  ASVILLE RD.  EE, FL 32303  Street A  City  Thomas and Address of Current Registered Agent  City  Thomas R  ASVILLE RD.  City  Thomas R  City  Thomas R  Th	TILLE RD. FL 32303  TALLAHASSEE, FL 32303  e of Business - No P.O. Box #  3. Mailing Address  etc.  Suite, Apt. #, etc.  City & State  Country  THOMAS R  ASVILLE RD. EE, FL 32303  Street Address (Incomplete to the purpose of changing its registered office or registers of registered agent.	TALLAHASSEE, FL 32303  e of Business - No P.O. Box # 3. Mailing Address  etc. Suite, Apt. #, etc. 03072007 (  City & State 4. FEI Number 02-06390  Country Zip Country 5. Certificate of 5. Name and Address of Current Registered Agent 7. Name and Address (P.O. Box Number is EE, FL 32303  Street Address (P.O. Box Number is corregistered agent, or both, is of registered agent.	TALLAHASSEE, FL 32303  e of Business - No P.O. Box # 3. Mailing Address  etc. Suite, Apt. #, etc. 03072007 Chg-NP  City & State 4. FEI Number 02-0639035  Country Zip Country 5. Certificate of Status Desired  6. Name and Address of Current Registered Agent 7. Name and Address of New FASVILLE RD.  EE, FL 32303  City  med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fl sof registered agent.	TALLAHASSEE, FL 32303  e of Business - No P.O. Box # 3. Mailing Address  etc. Suite, Apt. #, etc. 03072007 Chg-NP CR2E03  City & State 4. FEI Number 02-0639035  Country Zip Country 5. Certificate of Status Desired	TALLAHASSEE, FL 32303  e of Business - No P.O. Box # 3. Mailing Address  etc. Suite, Apt. #, etc. 03072007 Chg-NP CR2E037 (12/06)  City & State 4. FEI Number 02-0639035 No. Country 5. Certificate of Status Desired 58.75 Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name  SVILLE RD. EE, FL 32303  City FL Zip Cod  City FL Zip Cod  med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, so of registered agent.		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTIP NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07

850-386 5777

Daytime Phone #